LAFAYETTE MANOR

719 E	CATHERINE	ST	BOX	167	
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DARLINGTON 53530 Phone: (608) 776-4472		Ownership:	County
Operated from 1/1 To 12/31 Days of Operation:	366	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	Yes	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/04):	97	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/04):	97	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/04:	80	Average Daily Census:	85

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (1	.2/31/04)	Length of Stay (12/31/04)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	·	Less Than 1 Year	28.8
Supp. Home Care-Personal Care	No					1 - 4 Years	42.5
Supp. Home Care-Household Services	No	Developmental Disabilities	5.0	Under 65	7.5	More Than 4 Years	28.8
Day Services	Yes	Mental Illness (Org./Psy)	21.3	65 - 74	10.0		
Respite Care	Yes	Mental Illness (Other)	6.3	75 - 84	28.8		100.0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	45.0	*********	******
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.3	95 & Over	8.8	Full-Time Equivalent	
Congregate Meals	Yes	Cancer	1.3			Nursing Staff per 100 Res	sidents
Home Delivered Meals	Yes	Fractures	8.8	İ	100.0	(12/31/04)	
Other Meals	Yes	Cardiovascular	18.8	65 & Over	92.5		
Transportation	No	Cerebrovascular	7.5			RNs	17.2
Referral Service	No	Diabetes	3.8	Gender	%	LPNs	6.1
Other Services	No	Respiratory	3.8			Nursing Assistants,	
Provide Day Programming for	j	Other Medical Conditions	22.5	Male	30.0	Aides, & Orderlies	50.0
Mentally Ill	No			Female	70.0		
Provide Day Programming for	j		100.0	j			
Developmentally Disabled	Yes			j	100.0	İ	

Method of Reimbursement

		Medicare Title 18			edicaid itle 19			Other		Ī	Private Pay	2		amily Care			anaged Care	l		
Level of Care	No.	90	Per Diem (\$)	No.	્ર	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	1	1.9	134	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.3
Skilled Care	3	100.0	300	48	92.3	114	0	0.0	0	23	92.0	145	0	0.0	0	0	0.0	0	74	92.5
Intermediate				1	1.9	94	0	0.0	0	2	8.0	130	0	0.0	0	0	0.0	0	3	3.8
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				2	3.8	160	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	2.5
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	3	100.0		52	100.0		0	0.0		25	100.0		0	0.0		0	0.0		80	100.0

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, ar	nd Activities as of 12/	/31/04
Deaths During Reporting Period		 			% Needing		Total
Percent Admissions from:		Activities of	%		sistance of	% Totally	Number of
Private Home/No Home Health	8.6	Daily Living (ADL)	Independent	One	e Or Two Staff	Dependent	Residents
Private Home/With Home Health	4.3	Bathing	0.0		76.3	23.8	80
Other Nursing Homes	2.9	Dressing	13.8		21.3	65.0	80
Acute Care Hospitals	82.9	Transferring	31.3		41.3	27.5	80
Psych. HospMR/DD Facilities	0.0	Toilet Use	21.3		50.0	28.8	80
Rehabilitation Hospitals	0.0	Eating	65.0		23.8	11.3	80
Other Locations	1.4	******	******	*****	*****	*******	******
Total Number of Admissions	70	Continence		%	Special Treatmer	nts	%
Percent Discharges To:		Indwelling Or Extern	nal Catheter	3.8	Receiving Resp	piratory Care	13.8
Private Home/No Home Health	18.5	Occ/Freq. Incontiner	nt of Bladder	63.8	Receiving Trac	cheostomy Care	0.0
Private Home/With Home Health	27.2	Occ/Freq. Incontiner	nt of Bowel	43.8	Receiving Suct	cioning	1.3
Other Nursing Homes	0.0	į			Receiving Osto	omy Care	1.3
Acute Care Hospitals	13.6	Mobility			Receiving Tube	e Feeding	1.3
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.0	Receiving Mech	nanically Altered Diets	36.3
Rehabilitation Hospitals	0.0	<u> </u>				_	
Other Locations	2.5	Skin Care			Other Resident (Characteristics	
Deaths	38.3	With Pressure Sores		7.5	Have Advance I	Directives	72.5
Total Number of Discharges		With Rashes		7.5	Medications		
(Including Deaths)	81	İ			Receiving Psyc	choactive Drugs	52.5

Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities *******************

	This Other Hospital-		Į.	All	
	Facility	Based Facilities		Faci	lties
	%	용	Ratio	용	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	87.6	91.7	0.96	88.8	0.99
Current Residents from In-County	88.8	85.3	1.04	77.4	1.15
Admissions from In-County, Still Residing	30.0	14.1	2.13	19.4	1.55
Admissions/Average Daily Census	82.4	213.7	0.39	146.5	0.56
Discharges/Average Daily Census	95.3	214.9	0.44	148.0	0.64
Discharges To Private Residence/Average Daily Census	43.5	119.8	0.36	66.9	0.65
Residents Receiving Skilled Care	93.8	96.2	0.97	89.9	1.04
Residents Aged 65 and Older	92.5	90.7	1.02	87.9	1.05
Title 19 (Medicaid) Funded Residents	65.0	66.8	0.97	66.1	0.98
Private Pay Funded Residents	31.3	22.6	1.39	20.6	1.52
Developmentally Disabled Residents	5.0	1.4	3.65	6.0	0.83
Mentally Ill Residents	27.5	32.7	0.84	33.6	0.82
General Medical Service Residents	22.5	22.0	1.02	21.1	1.07
Impaired ADL (Mean)*	53.0	49.1	1.08	49.4	1.07
Psychological Problems	52.5	53.5	0.98	57.7	0.91
Nursing Care Required (Mean)*	8.6	7.4	1.16	7.4	1.16